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| Utah Medicaid Provider Manual | Targeted Case Management for CHEC Eligibles |
| Division of Health Care Financing | Issued October 1994 Updated October 1997 |

SECTION 2

Targeted Case Management for CHEC Medicaid Eligible Children

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1 SERVICES

Targeted case management is a service to assist eligible Medicaid recipients to gain access to needed medical, social, educational, and other services. The goals of the service are to help Medicaid recipients access needed services and also ensure services are coordinated among all agencies and providers involved.

1 - 1 Authority

The Consolidated Omnibus Budget Reconciliation Act (P.L. 99-272, COBRA) added targeted case management to the list of optional services which can be provided under the State Medicaid Plan.

1 - 2 Definitions

CHEC: Child Health Evaluation and Care is Utah's version of the federally mandated Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. The CHEC program ensures Medicaid eligible recipients from birth through age twenty access needed medical care.

1 - 3 Target Group

A. Targeted case management services may be provided to CHEC Medicaid eligibles under the age of 21 when the service is determined to be medically necessary. Targeted case management services are considered medically necessary when a needs assessment completed by a qualified targeted case manager documents both conditions listed below. (See Chapter 1 - 4 for the definition of a case manager.)

1. The individual requires treatment or services from a variety of agencies and providers to meet his or her documented medical, social, educational and other needs; and
2. There is reasonable indication the individual will access needed treatment or services only if assisted by a qualified targeted case manager who locates, coordinates and regularly monitors the services in accordance with an individualized case management service plan.

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B. As of September 15, 1994, the Utah Medicaid program provides coverage of targeted and home and community based services (H C B S) waiver case management for a variety of other target groups:

1. Substance abuse / C H E C eligible
2. Chronically mentally ill;
3. Homeless individuals;
4. Pregnant women;
5. Individuals with a diagnosis of H I V / A I D S ;
6. Individuals with a diagnosis of tuberculosis;
7. Developmentally Disabled / M entally R etarded (H C B S w a i v e r);
8. Elderly (H C B S W a i v e r)

There are separate rules and provider manuals to address the scope of services and reimbursement methods for the other target groups. Since a Medicaid recipient may qualify for targeted or waiver case management services under multiple groups, the case manager must determine if other agencies are already providing such services before providing service. Coordination of all services is an essential component of targeted case management.

1 - 4 Qualified Targeted Case Management Providers

Medicaid providers of targeted case management services to C H E C - Medicaid eligible recipients may include either an independent professional or an agency which specializes in providing case management services to children, defined as follows:

A. Independent Professional is an individual who meets four criteria:

1. Is licensed as a clinical or certified social worker and practicing within the scope of his or her license in accordance with Title 58, Occupational and Professional licensing, Utah Code Annotated, 1953 as amended;
2. Has at least five years experience providing case management to the targeted group;
3. Has current malpractice insurance of at least \$1,000,000; and
4. Has filed an approved targeted case management Provider Agreement with the Division of Health Care Financing.

B. Agency which specializes in providing case management services to children is an agency which meets four criteria:

1. Is licensed by the Department of Human Services as a child placement agency or an agency receiving Title V funding and has statutory responsibility for services to children with special

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health care needs; and

2. Employs or contracts with licensed physicians, registered nurses, licensed psychologists, licensed physical therapists, licensed occupational therapists, licensed social workers or licensed social service workers to provide case management services. The agency may utilize non-licensed individuals to provide targeted case management services if the individual has education and experience related to high-risk children and adolescents and has successfully completed a targeted case management course approved by the Division of Health Care Financing; and
3. Maintains documentation of required licensure or successful completion of the approved training course for individuals who render case management services; and
4. Has an approved targeted case management Provider Agreement on file with the Division of Health Care Financing.

1 - 5 Targeted Case Management Training Curriculum

- A. As indicated in Chapter 1 - 4, item 2, enrolled agencies may utilize non-licensed individuals to provide targeted case management services if the individual completes a targeted case management training program approved by the Division of Health Care Financing (DHCF). The DHCF will approve training programs which include the following components:
 1. Detailed instruction in the Medicaid targeted case management provider manual requirements and methods for delivering and documenting covered case management services;
 2. Up-to-date information on community resources and how to access those resources; and
 3. Techniques and skills in communicating successfully with Medicaid recipients and other agency personnel.
- B. The agency must submit an outline of the curriculum to the DHCF for review and approval and make available to the Medicaid agency upon request manuals, workbooks and other materials and sources of information included in the actual training.

1 - 6 Client Rights

- A. Targeted case management services may not be used to restrict the client's access to other services available under the Medicaid State Plan.

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- B . The provider agency must have a process to ensure that the client or the client's guardian (if applicable) voluntarily chooses targeted case management services. The client must be given a choice in the selection of the targeted case manager.

2 SCOPE OF SERVICE

2 - 1 Covered Services

- A . Targeted case management is a service to assist eligible Medicaid recipients in the target group to gain access to needed medical, social, educational, and other services. The goals of the service are to help Medicaid recipients access needed services and also ensure services are coordinated among all agencies and providers involved.
- B . Medicaid reimbursement for targeted case management is dictated by the nature of the activity and the purpose for which the activity was performed. When billed in reasonable amounts, given the needs and condition of the particular client, the following activities and services are covered by Medicaid under targeted case management:
- 1 . Assessing and documenting the client's need for community resources and services;
 - 2 . Developing a written, individualized, coordinated case management service plan to assure the client's adequate access to needed medical, social, educational and other related services with input as appropriate from the client, family and other agencies knowledgeable about the client's needs;
 - 3 . Linking the client with community resources and needed services, including assisting the client to establish and maintain eligibility for entitlements **other than Medicaid**. (See Chapter 2 - 2, Non-Covered Services and Activities);
 - 4 . Coordinating the delivery of services to the client including CHEC screenings and follow-up;
 - 5 . Monitoring the quality and appropriateness of the client's services;
 - 6 . Instructing the client or caretaker, as appropriate, in independently obtaining access to needed services for the client;
 - 7 . Assessing periodically the client's status and modifying the targeted case management service plan as needed; and
 - 8 . Monitoring the client's progress and continued need for targeted case management and other services;

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C . The agency may bill Medicaid for the above activities **only if:**

- 1 . The activities are delineated in the case management service plan; and
- 2 . The time spent in the activity involves a face-to-face encounter, telephone or written communication with the client, family, caretaker, service provider, or other individual with a direct involvement in providing or assuring the client obtains the necessary services documented in the targeted case management service plan.

D . Covered services provided to patients in a hospital, nursing facility or other institution may be covered only during the 30-day period prior to the patient's discharge into the community. This service is limited to nine hours of reimbursement each year for CHEC eligibles. Only agencies which requested and received DHCF authorization to bill for this specific service under a unique billing code may request reimbursement for targeted case management services provided to an institutionalized client.

2 - 2 Non-Covered Services and Activities

In accordance with federal Medicaid guidelines, **the following activities are not considered targeted case management and should not be billed to Medicaid:**

- A . Documenting targeted case management services - with the exception of time spent developing the written needs assessment, service plan and quarterly progress notes - is not reimbursable.
- B . Teaching, tutoring, training, instructing, or educating the client or others, except in so far as the activity is specifically designed to assist the client, parent or caretaker to independently obtain needed services for the client. For example, assisting the client to complete a homework assignment or instructing a client or family member on nutrition, budgeting, cooking, parenting skills or other skills development is not reimbursable.
- C . Directly assisting with personal care or activities of daily living. For example, assisting with budgeting, cooking, shopping, laundry, apartment hunting, moving residences or acting as a protective payee are not reimbursable activities.
- D . Performing routine services including courier services. For example, running errands or picking up and delivering food stamps or entitlement checks are not reimbursable.
- E . Providing other Medicaid services. For example, medical and psycho-social evaluations, examinations, treatment, therapy and counseling that are otherwise billable to Medicaid under other categories of service, are not reimbursable as targeted case management.

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- F. Traveling to the client's home or other location where a covered case management activity will occur is not reimbursable, nor is time spent transporting a client or a client's family members.
- G. Providing services for or on behalf of other family members who do not directly assist the client to access needed services. For example, counseling the client's sibling or helping the client's parent obtain a mental health service are not reimbursable.
- H. Performing activities necessary for the proper and efficient administration of the Medicaid State Plan, including assisting the client to establish and maintain Medicaid eligibility. For example, locating, completing and delivering documents to the Medicaid eligibility worker is not reimbursable.
- I. Recruitment activities in which the agency or case manager attempts to contact potential recipients of service are not reimbursable.

2 - 3 Limitations on Reimbursable Services

A. Team Case Management

Targeted case management services provided to a client by more than one case manager employed by or under contract with the same agency or program is reimbursable only when all the following conditions are met:

1. All members of the team meet the qualifications described in Chapter 1 - 4, Qualified Targeted Case Management Providers.
2. Documentation of billed services is maintained in a single case file.
3. All services are delivered under a single case management service plan.
4. All team members coordinate with one another to ensure only necessary, appropriate and unduplicated services are delivered by all team members.
5. Time spent by two or more members of the team in the same targeted case management activity may be billed only by one team case manager.
6. The recipient is informed of and understands the roles of the team members.

B. Shared Case Management

Targeted case management services billed by case managers from more than one agency or program during the same or overlapping dates of service for the same client will be considered for

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reimbursement only if the D H C F has received documentation to support the need for the expertise of two case management providers. A letter signed by the case managers of both agencies must be submitted to the D H C F. The letter must (1) fully explain the need for shared case management, (2) document the specific and **non-duplicative** services to be provided by each case manager, (3) specify the time period during which shared case management will be required, and (4) include a copy of the needs assessments and service plans from both case managers and a written statement from the Local Interagency Council (L I C) or the Local Interagency Coordinating Council (L I C C) if a council has reviewed the client's need for shared case management services.

If approved by the D H C F, case managers sharing case management responsibilities for a client may bill for their participation in L I C /L I C C meetings for the time during which the client's needs are addressed.

N O T E : The D H C F will not approve shared case management for a client receiving home and community-based waiver services. Time spent on behalf of a client receiving home and community-based waiver case management services is not reimbursable as **targeted case management**, nor may the time spent by a targeted case manager be billed by a waiver case manager.

3 RECORD KEEPING

A . The case manager must develop and maintain sufficient written documentation for each unit of targeted case management services billed. Documentation must include at least the following:

- 1 . Date of service
- 2 . Name of client
- 3 . Name of provider agency and signature of the individual providing the service
- 4 . Units of service
- 5 . Description of the case management activity related to the service plan
- 6 . Place of service

B . Targeted case management services must be documented in 15-minute intervals.

C . The following documents must be contained in each client's case file:

- 1 . A written individualized needs assessment which documents the client's need for targeted case management services
- 2 . A written individualized targeted case management service plan

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w h i c h i d e n t i f i e s t h e s e r v i c e s t h e c l i e n t i s t o r e c e i v e a n d w h o w i l l p r o v i d e t h e m

- 3 . A w r i t t e n q u a r t e r l y s u m m a r y o f t h e c l i e n t ' s p r o g r e s s t o w a r d t a r g e t e d c a s e m a n a g e m e n t s e r v i c e p l a n o b j e c t i v e s . T h e p r o g r e s s n o t e s m u s t b e c o m p l e t e d w i t h i n t h e m o n t h d u e o r m o r e f r e q u e n t l y a s r e q u i r e d b y t h e c l i e n t ' s c o n d i t i o n .

4 S E R V I C E P A Y M E N T

- A . P a y m e n t f o r t a r g e t e d c a s e m a n a g e m e n t s e r v i c e s i s m a d e o n a f e e - f o r - s e r v i c e b a s i s .
- B . R a t e s a r e p r o s p e c t i v e a n d e s t a b l i s h e d o n t h e b a s i s o f t h e h i s t o r i c a l c o s t f o r t h e s e r v i c e . A p r o v i d e r ' s i n i t i a l r a t e i s b a s e d o n h i s t o r i c a l c o s t s i n f l a t e d b y t h e C o n s u m e r P r i c e I n d e x , U r b a n - A l l I t e m s , p u b l i s h e d b y t h e U . S . D e p a r t m e n t o f L a b o r . R a t e a d j u s t m e n t s a r e m a d e o n t h e b a s i s o f p e r i o d i c c o s t s t u d i e s . A s e p a r a t e r a t e i s e s t a b l i s h e d f o r e a c h t y p e o f t a r g e t e d c a s e m a n a g e m e n t p r o v i d e r .
- C . R a t e s a r e b a s e d o n a 1 5 - m i n u t e u n i t o f s e r v i c e .
- D . P a y m e n t c a n n o t b e m a d e f o r t a r g e t e d c a s e m a n a g e m e n t s e r v i c e s f o r w h i c h a n o t h e r p a y e r i s l i a b l e , n o r f o r s e r v i c e s f o r w h i c h n o p a y m e n t l i a b i l i t y i s i n c u r r e d . M e d i c a i d r e i m b u r s e m e n t i s n o t a v a i l a b l e f o r s e r v i c e s p r o v i d e d f r e e o f c h a r g e t o n o n - M e d i c a i d r e c i p i e n t s e x c e p t a s p e r m i t t e d f o r t h e S t a t e ' s T i t l e V , M a t e r n a l a n d C h i l d H e a l t h p r o g r a m u n d e r S e c t i o n 1 9 0 2 (a) (1 1) (B) o f t h e S o c i a l S e c u r i t y A c t .

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5 TARGETED CASE MANAGEMENT CODES

| CODES | DESCRIPTION | AGE | LIMITS |
|--------------|---|------------------|---------------|
| Y 3 1 0 0 | D F S Targeted Case Management/each 15 min. | 0 - 2 0 years | |
| Y 3 1 0 1 | D F S Targeted Case Management for In-Home Placed Children/each 15 min. | 0 - 2 0 years | |
| Y 3 1 2 0 | Targeted Case Management for Children Committed to the Division of Youth Corrections/each 15 min. | 0 - 2 0 years | |
| Y 3 1 3 0 | F H S Targeted Case Management/each 15 min. | 0 - 2 0 years | |
| Y 3 1 3 1 | F H S Targeted Case Management/Inpatient/each 15 min. | 0 - 2 0 years | |
| Y 3 1 3 2 | D F S Targeted Case Management for Children at Risk (K - 3)/each 15 min. | 0 - 2 0 years | |
| Y 3 1 3 3 | D S P D (non-waiver) Targeted Case Management for E P S D T eligibles / each 15 min. | 0 - 2 0 years | |
| Y 3 1 3 4 | Reserved | | |
| Y 3 1 3 5 | Reserved | | |